

CITY OF CARMEL/CLAY TOWNSHIP

HAMILTON COUNTY, INDIANA

APPLICATION FOR BOARD OF ZONING APPEALS ACTION

USE VARIANCE

FEE: \$1,389.00, plus \$111.00 per acre

DOCKET NO. _____ DATE RECEIVED: _____

1) Applicant: _____

Address: _____

2) Project Name: _____ Phone: _____

Engineer/Architect: _____ Phone: _____

Attorney: _____ Phone: _____

3) Applicant's Status: (Check the appropriate response)

_____ (a) The applicant's name is on the deed to the property

_____ (b) The applicant is the contract purchaser of the property

_____ (c) Other: _____

4) If Item 3) (c) is checked, please complete the following:

Owner of the property involved: _____

Owner's address: _____ Phone: _____

5) Record of Ownership:

Deed Book No./Instrument No. _____

Page: _____ Purchase date: _____

6) Common address of the property involved: _____

Legal description: _____

Tax Map Parcel No.: _____

7) State explanation of requested Use Variance: (State what you want to do and cite the section number(s) of the Carmel/Clay Zoning Ordinance that applies and/or creates the need for this appeal).

- 8) State reasons supporting the Use Variance: (Additionally, complete the attached question sheet entitled "Findings of Fact-Use Variance").
- _____
- _____
- _____
- _____
- 9) Present zoning of the property (give exact classification): _____
- 10) Present use of the property: _____
- 11) Size of lot/parcel in question: _____ acres
- 12) Describe the proposed use of the property: _____
- _____
- _____
- 13) Is the property: Owner occupied _____
- Renter occupied _____
- Other _____
- 14) Are there any restrictions, laws, covenants, variances, special uses, or appeals filed in connection with this property that would relate or affect its use for the specific purpose of this application? If yes, give date and docket number, decision rendered and pertinent explanation.
- _____
- _____
- 15) Has work for which this application is being filed already started? If answer is yes, give details:
- Building Permit Number: _____
- Builder: _____
- 16) If proposed appeal is granted, when will the work commence?
- _____
- 17) If the proposed appeal is granted, who will operate and/or use the proposed improvement for which this application has been filed?
- _____
- _____

NOTE:

LEGAL NOTICE shall be published in the Indianapolis Star a MANDATORY twenty-five (25) days prior to the public hearing date. The certified "Proof of Publication" affidavit for the newspaper must be available for inspection the night of the hearing.

LEGAL NOTICE to all adjoining and abutting property owners is also MANDATORY, two methods of notice are

1) CERTIFIED MAIL - RETURN RECEIPT REQUESTED sent to adjoining property owners. (The white receipt should be stamped by the Post Office at least Twenty-five (25) days prior to the public hearing date)

REALIZE THE BURDEN OF PROOF FOR ALL NOTICES IS THE RESPONSIBILITY OF THE APPLICANT. AGAIN, THIS TASK MUST BE COMPLETED AT LEAST TWENTY-FIVE (25) DAYS PRIOR TO PUBLIC HEARING DATE.

The applicant certifies by signing this application that he/she has been advised that all representations of the Department of Community Services are advisory only and that the applicant should rely on appropriate subdivision and zoning ordinance and/or the legal advice of his/her attorney.

ADDRESS

Formal list request sheet & official list may be acquired from the Hamilton County Auditor's Office (776-8401).

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AFFIDAVIT

I, hereby swear that I am the owner/contract purchaser of property involved in this application and that the foregoing signatures, statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief. I, the undersigned, authorize the applicant to act on my behalf with regard to this application and subsequent hearings and testimony.

Signed: _____
Property Owner, Attorney, or Power of Attorney

(Please Print)

STATE OF INDIANA

SS:

County of _____
(County in which notarization takes place)

Before me the undersigned, a Notary Public for _____ County, State of
(Notary Public's county of residence)

Indiana, personally appeared _____ and acknowledge the execution of
(Property Owner, Attorney, or Power of Attorney)

the foregoing instrument this

_____ day of _____, 20_____

(SEAL)

Notary Public--Signature

Notary Public--Please Print

My commission expires: _____

**NOTICE OF PUBLIC HEARING BEFORE THE
CARMEL/CLAY BOARD OF ZONING APPEALS**

Docket No. _____

Notice is hereby given that the Carmel/Clay Board of Zoning Appeals meeting on the _____ day of _____, 20____ at _____ p.m. in the City Council Chambers, 2nd floor of City Hall, One (1) Civic Square, Carmel, Indiana 46032 will hold a Public Hearing upon a Use Variance application to allow

property being known as _____.

The application is identified as Docket No. _____.

The real estate affected by said application is described as follows:

(Insert Legal Description)

All interested persons desiring to present their views on the above application, either in writing or verbally, will be given an opportunity to be heard at the above-mentioned time and place.

PETITIONERS

**PETITIONER'S AFFIDAVIT OF NOTICE OF PUBLIC HEARING
CARMEL/CLAY BOARD OF ZONING APPEALS**

I (WE) _____ DO HEREBY CERTIFY THAT NOTICE OF
PUBLIC HEARING BEFORE THE CARMEL/CLAY BOARD OF ZONING APPEALS CONSIDERING Docket Number
_____, was registered and mailed at least twenty-five (25)* days prior to the date of the public hearing
to the below listed adjacent property owners:

<u>OWNER</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STATE OF INDIANA

SS:

The undersigned, having been duly sworn upon oath says that the above information is true and correct and he
is informed and believes.

Signature of Petitioner

County of _____ Before me the undersigned, a Notary Public
(County in which notarization takes place)

for _____ County, State of Indiana, personally appeared
(Notary Public's county of residence)

_____ and acknowledge the execution of the foregoing instrument this
(Property Owner, Attorney, or Power of Attorney)

_____ day of _____, 20_____

(SEAL)

Notary Public--Signature

Notary Public--Please Print

My commission expires: _____

* 10 days if appearing before the BZA Hearing Officer

CARMEL/CLAY BOARD OF ZONING APPEALS
Carmel, Indiana

Docket No.: _____

Petitioner: _____

FINDINGS OF FACT - USE VARIANCE (Ballot Sheet)

1. _____

2. _____

3. _____

4. _____

5. _____

DATED THIS _____ DAY OF _____, 20 ____.

Board Member

**CARMEL/CLAY BOARD OF ZONING APPEALS
CARMEL, INDIANA**

Docket No.: _____

Petitioner: _____

FINDINGS OF FACT - USE VARIANCE

1. The grant of this variance will not be contrary to the public interest, due to the existence of special condition(s) such that enforcement of the zoning ordinance will result in unnecessary hardship because:

2. The grant of this variance will not be injurious to the public health, safety, morals and general welfare of the community because:

3. The use or value of the area adjacent to the subject property will not be substantially affected in any adverse manner because:

4. The need for the variance arises from a natural condition peculiar to the subject property because:

5. The granting of this variance does not substantially interfere with the Carmel/Clay Comprehensive Plan because:

DECISION

IT IS THEREFORE the decision of the Carmel/Clay Board of Zoning Appeals that Use Variance Docket No. _____ is granted, subject to any conditions stated in the minutes of this Board, which are incorporated herein by reference and made a part hereof.

Adopted this _____ day of _____, 20 _____.

CHAIRPERSON, Carmel/Clay Board of Zoning Appeals

SECRETARY, Carmel/Clay Board of Zoning Appeals

Conditions of the Board are listed on the back.